

## SARAH STEELMAN, MISSOURI STATE TREASURER MISSOURI FIRST GENERAL FUNDS APPLICATION P.O. BOX 210, JEFFERSON CITY, MO 65102 (573) 751-2372 FAX (573) 751-2177

For Official Use
STO #
Maturity
Rate

Financial Institution				
Contact				
Mailing Address				
		City	Stat	e Zip
Phone # ()	Fax # (	)	Count	у
DEPOSIT INFORMATION				
(check one) Renewal Application	n Maturi	ty Date of Currer	nt Deposit	
or New Application	Desired	d Date of Funding	g	
Deposit Amount Requested		Deposit T	erm Desired	
Community Reinvestment Act (CRA	) Rating			
,	, 8			
QUALIFYING ACTIVITY				
Describe your financial institution's	participation	n in the following	g areas:	
(use additional sheet if necessary)	_	_		
a) Local economic develop	ment efforts	2		
b) Small business lending p		,		
c) Affordable housing lend		ns		
d) Credit counseling and fine small businesses	nancial educ	cation services to	consumers, children	, students or
e) Attraction of deposits or	banking rel	lationships from l	ow and moderate inc	come areas



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Describe your institution's check cashi	ng policy for state issued	checks for non-customers:
Please indicate year-end loan to depo (To be eligible, the loan to deposit ratio		years. Please explain any significant chang
verification.  I understand that this docume the deposit.	ent will not obligate eithe	n is factual and understand that it is subject r party until the actual offer and acceptance for a total of deposit dollars not to exceed t
(Type or print name of signatory)	(Signature)	(Title)
ATTEST:	•	
(Cashier or Secretary)	(Date)	
Additional terms:Approved:	:: \$ Equit	y Capital \$
Missouri State Treasure	er	Date